EXAMINER'S ISSUE CHECKLIST

Seri	al No: 10/655,862				
INST	PRUCTIONS: Fill out chec and BEFORE it is coun the application is co	ted. Ea	ch item must	be completed bef	
EXAM	INER:				
CLAI	MS & SPECIFICATION All dependent claims depe Index of claims renumbere Brief Description of Draw Continuing data in specif	d in blac ings matc	k ink hes drawing fig	gures	
DRAW	INGS O.G. Figure noted on draw Issue Class/subclass note Yellow tag completed if r Proposed drawing changes	d on draw equired		ee with Blue Slip)	
PTO	- 892 Signed & dated All blank spaces lined th	rough	PTOL - 1449 Signed & All blank	dated spaces lined throug	h
	89	92 in the file a	are cited by the examin of write "none" across TO - 892 form in each	its face. There must	
HRAO	DECLARATION Residence stated Post office address state Citizenship stated		these are omitted, atte		
FILE	WRAPPER (All boxes filled in and initialed or signed) Interference Searched (box filled in and initialed) Continuing Data (updated, initialed and matches specification) Foreign/PCT Data (initialed) Foreign Priority conditions (Yes/No and initialed) Claims Allowed (two boxes) Drawing (3 boxes)				
	Issue Classification (two boxes which must agree with blue slip) Assistant Examiner (fill in name or line through box)				
<i>PRIMA</i> © © ©	ARY EXAMINER OR SPE: BLUE SLIP PTOL - 37 FACE OF FILE		APS SE © YE	ARCH CONDUCTED B © NO	
© 	ALL SIGNATURES MATCH	(on blue	slip, PTOL-37 a	and face of file)	
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⊕ .	Assistant Examiner	//*/	Date	1/21/04	
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